

4962

RECORD WITH CONTINUING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

33700

1. PLACE OF DEATH

County MarionRegistration District No. 547Township MarionPrimary Registration District No. 309City Hannibal(No. 2700)MarketSt. 5 Ward

2. FULL NAME

(a) Residence, No. 2700 Market St. 5 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 3, 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hannibal Mo.

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virgil Lee Closser Mo.

15. MAIDEN NAME

Ruby Dotte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Mr. Virgil Lee Closser Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph Cemetery DATE 10-24-33

19. UNDERTAKER (ADDRESS)

James O. Smith Hannibal Mo.

20. FILED

10

Y.

1933

W. H. H. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 22, 193322. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933 to Oct 22, 1933I last saw him alive on Oct 22, 1933 Death is saidto have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

ConvulsionsSpinabifida congenital

Other contributory causes of importance:

157 B
86158

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

W. H. H. Registrar. M. D.(Address) Hannibal Mo.

